

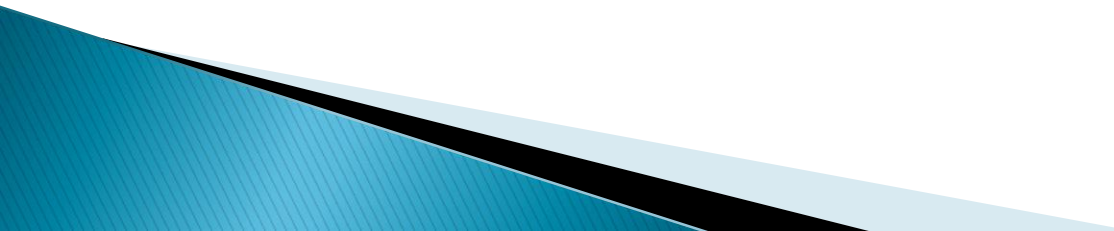
Justice Involved Transformation Team

Co-Chairs

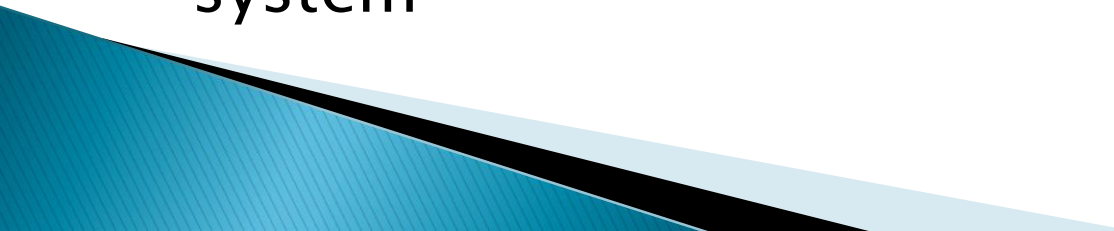
David Rockwell– Henrico Area MH

Michael Schaefer – DBHDS

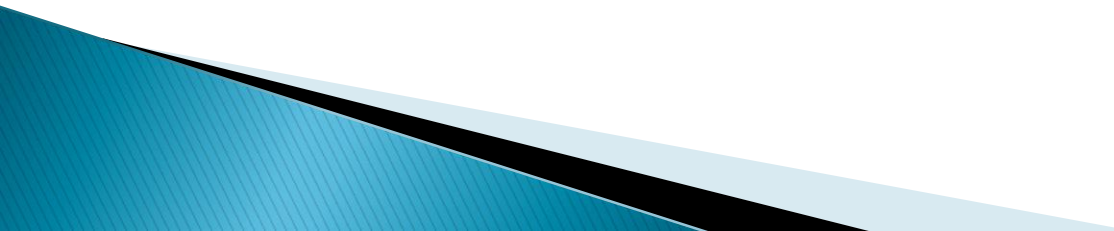
Team's Charge

1. What are the behavioral health and developmental services needs of incarcerated persons and what best practices should be adopted to provide for mental health and substance abuse needs?
 2. What is the role of CSBs, providers, and the state hospital in delivering services to incarcerated persons
 3. How should persons with behavioral health and developmental disabilities be diverted from the criminal/juvenile justice system and how can the system best support their re-entry to services?
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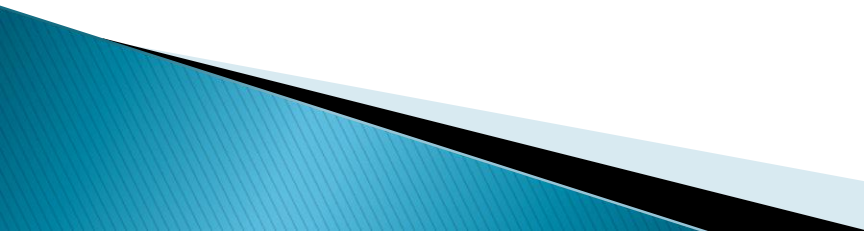
Approach Used to Accomplish Charge

- ▶ Team met and established ground rules, meeting schedule, and created list of resource needs/wants.
 - ▶ Team met monthly, beginning in October 2014
 - ▶ Members were encouraged to share thoughts/experiences with existing system
 - ▶ Members encouraged to transform system and create new/ideal system
 - ▶ Initial session was “brain storming” about needs of individuals involved in criminal/juvenile justice system
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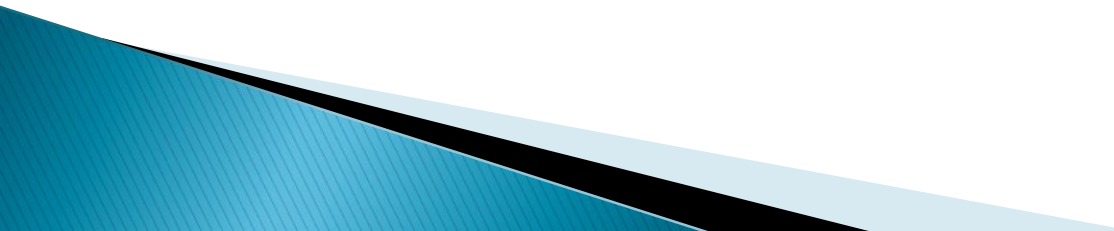
Approach Used to Accomplish Charge (cont.)

- ▶ Created list of needs
 - ▶ Next, Utilized the Sequential Intercept Model (SIM) as framework for discussion and identified ideal diversion programs/services/systems at each of the five diversion points
 - Intercept 1 – Law enforcement/ Emergency Services
 - Intercept 2 – Initial detention/ Initial court hearings
 - Intercept 3 – Jails/ Courts
 - Intercept 4 – Reentry
 - Intercept 5 – Community corrections/ Community Support
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Approach Used to Accomplish Charge (cont.)

- ▶ Created master list of recommended resources. Consolidated where possible and cross-checked recommendations with group's charge to ensure they were reflective of charge.
 - ▶ Used “dot method” to have members vote on priorities. Created list of top 5 priorities in terms of “Needs” and “Diversion”
 - ▶ Group then started creating Action Plans for each of the top priorities – identifying what discrete actions needed to happen in order to implement the recommendation
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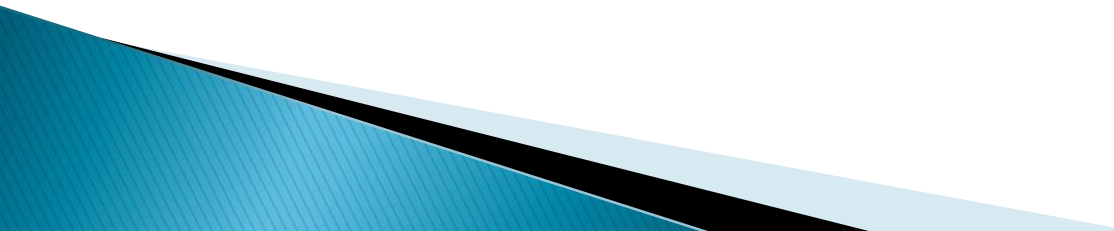
Resources Used

- ▶ President's New Freedom Commission on Mental Health
 - ▶ Governor's Taskforce on Improving Mental Health Services & Crisis Response
 - ▶ Mental Illness in Jails Report (State Compensation Board)
 - ▶ Office of the State Inspector General – A Review of Mental Health Services in Local & Regional Jails
 - ▶ DBHDS Creating Opportunities Plan – Forensic Workgroup
 - ▶ Recommendations from the 1984 Joint Taskforce on the Mentally Ill in Virginia's Jails
 - ▶ Articles/publications on various national and state promising practices
 - ▶ Presentation on juvenile court services diversion programs
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Challenges for Group

- ▶ Topic area very broad
 - Adults
 - Children
 - Geriatric
 - Mental Health
 - Substance Abuse
 - Intellectual Disabilities
 - Developmental Disabilities
 - Jails (local & regional)/Prisons/Detention Centers
 - Entire Commonwealth

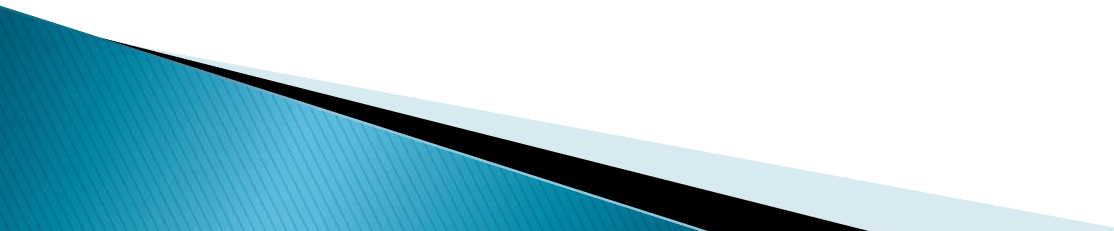
Challenges (cont.)

- ▶ Federal, state, local, & agency rules/ policies/ practices impact on system of care – at times hard to understand why things work the way they do
 - ▶ Struggle between: 1) Dismantle existing system and rebuild new system; or 2) Make strategic improvements in existing system
 - ▶ Don't want efforts to become a relic which just collects dust.
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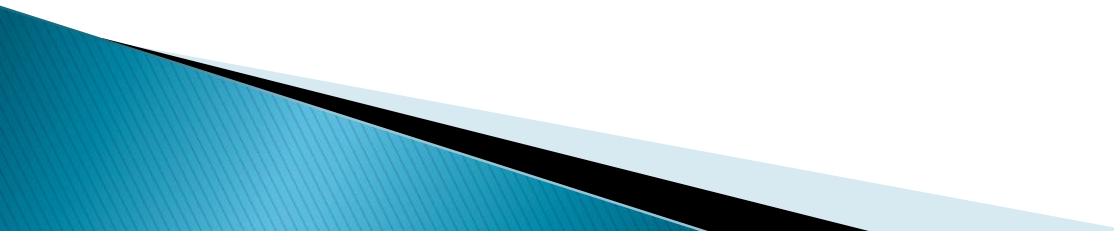
Top Five Recommendations

Needs of Individuals Involved in Justice
System

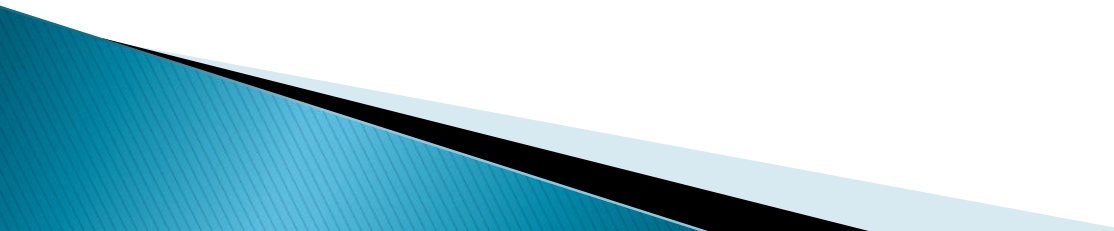
#1 All individuals (both adults and children/adolescents) with behavioral health issues need to have access to psychotropic medications.

- Mechanism/policy/practice to ensure individuals can either receive the medications they were receiving prior to incarceration/detention and/or a mechanism for prompt psychiatric assessment with resulting prescription for medications (when needed).
 - Receipt of a standard supply of medications (or scripts to receive the medications) upon release from incarceration/ detention
 - Follow-up appointment with a psychiatrist scheduled prior to their release from jail/ detention centers/ correctional centers.
 - The Commonwealth should investigate the feasibility of having a single state contract for psychiatric medications (which local jails, regional jails, detention centers, correctional centers, and CSBs could access)
 - There needs to be continuity of medical insurance coverage during incarceration to allow for better transition back to community upon release (i.e., immediate coverage of medications upon release as well as offset the cost of tx in jail)
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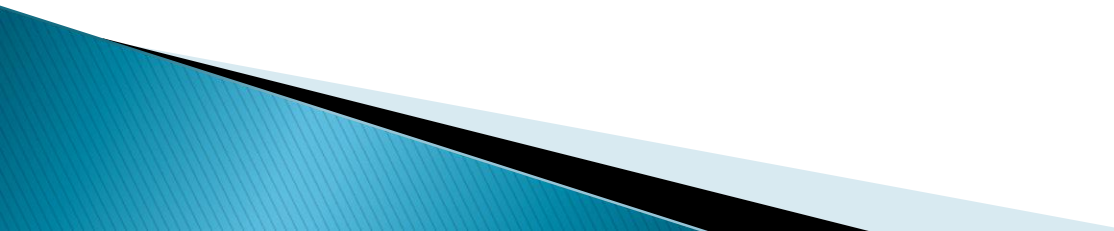
#2 Jails, detention centers, and correctional centers need more capacity to provide a minimum standard of behavioral healthcare (comparable to an outpatient level of care)

- There need to be consistent standards across the Commonwealth with regard to access to behavioral healthcare.
 - Mechanisms to address/prevent emergencies
 - Expand the availability of tele-psychiatry
 - Best Practices such as Illness Management Recovery (IMR) and Wellness Recovery Action Plan (WRAP) groups should be available to all individuals in jails.
 - Behavioral healthcare in jails should be trauma informed
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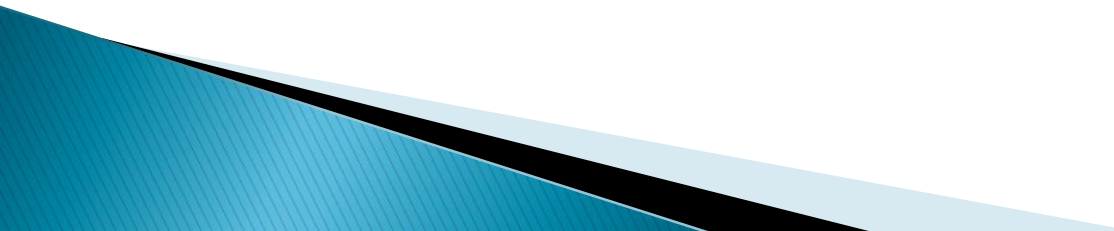
#3 A system for the prompt screening, assessment and identification of individuals with behavioral health and/or intellectual disability/ developmental disability issues needs to be in place in every jail, detention center, and correctional center.

- Standardized screening tools
 - Staff who administer the screenings/assessment must be adequately trained
 - Policies/procedures/protocols for how to respond (to include referral to practitioner, safety precautions, etc) if/when an individual is screened to potentially have a behavioral healthcare issue
 - Systems need to be put in place to assess for veteran status and ensure a prompt referral to the VA service provider agency is made
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#4 Develop mechanisms for notification (upon entry to the facility) and ongoing communication between jails/detention centers/ correctional centers and CSBs to allow for a more seamless transition from jail/detention centers/ correctional centers back to the community

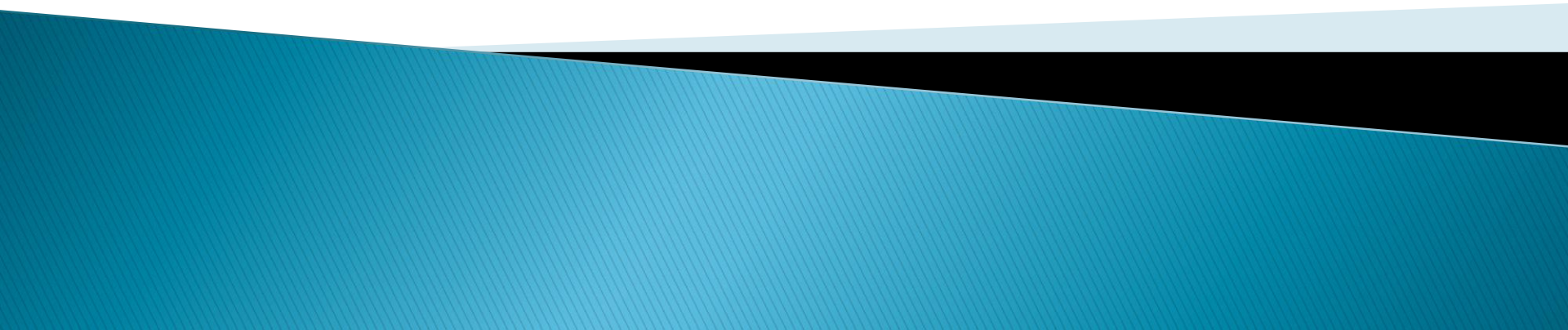
- There should be a sharing of clinically relevant information between the jails/detention centers/ correctional centers, CSBs, hospitals, courts, VA, and other relevant agencies.
 - Every community should have a re-entry committee that identifies individuals who are soon-to-be released and collaborate with various agencies/resources to develop discharge plans.
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#5 Standards should be set requiring jails/detention centers/ correctional centers to have a certain % of their staff who have received advanced training in behavioral health and ID/DD issues (to include identifying individuals with mental health/ID/DD issues, responding therapeutically to individuals with mental health/ID/DD issues, and responding to individuals in crisis).

- Topics to include, but not limited to: Trauma-informed care, CIT for Corrections, Mental Health First Aid, positive behavioral supports, etc.
 - Incentivize compliance
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Top Five Recommendations

Criminal/Juvenile Justice Diversion



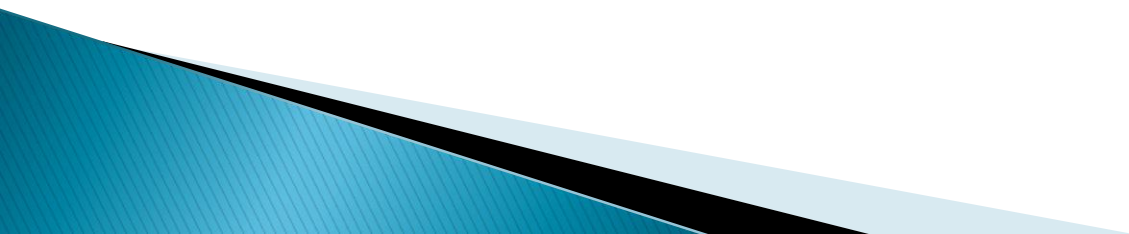
#1 Localities should be supported in developing mental health dockets

- Dockets should include MH, SA, and Veterans
- Need to identify ongoing funding to support dockets
- Need funding to purchase services, for housing, and for transportation

#2 There should be a statute in the Code to allow judges to order pre-trial mental health evaluations to aid judges in making bail/bond determinations

- Will require a Code change
- Will require funding for evaluations
- Need to determine who is qualified to perform these evaluations

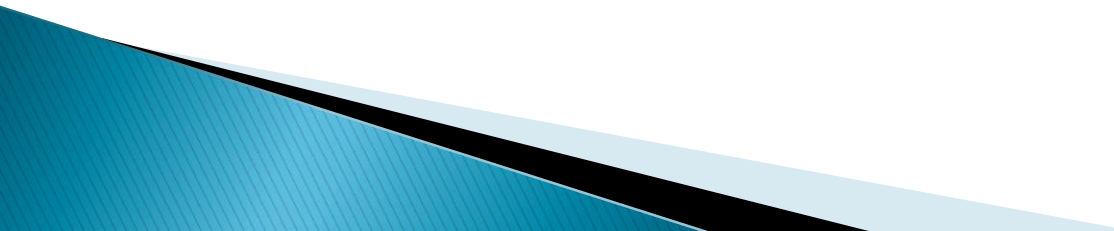
#3 Judges need to receive education on the Risk Need Responsivity model of risk management. Judges need to better understand the screening process, what the research shows about the positive effect of diverting low-risk offenders, and to be trained in how to use the risk screening as a guide in determining level of supervision



#4 There needs to be an oversight system of evaluators who conduct pre-trial evaluations to ensure the evaluations meet the standard of practice

- Only those evaluators who meet a minimal standard of practice should be allowed to conduct pre-trial evaluations
- For those evaluators who produce poor evaluations, there needs to be a system of remediation

#5 All law enforcement agencies should have Crisis Intervention Team (CIT) programs.

- There should be CIT and CIT Assessment Sites within reach of every Virginia jurisdiction.
 - Police would like a drop-off center where they could bring individuals and then not have to return later, regardless of outcome.
 - DBHDS and DCJS should work to educate all chief law enforcement officers about the importance of and benefit of CIT
 - Crisis Stabilization Programs should be integrated into the emergency response network and should be expanded to include possible admission of individuals destined for incarceration
 - Law enforcement agencies should include guidance on making determination to arrest vs. divert in their written policies and procedures
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Next Steps

- ▶ Team is developing Action Plans for each recommendation
 - ▶ Continue to refine recommendations based on newly discovered information
 - ▶ Addressing role of CSB, providers, state hospitals in service delivery system
 - ▶ Addressing issues of integration/fragmentation
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